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Referral Form

Please fill out form and return via fax or email (no cover sheet needed)

Fax Number: (689) 999-4225

Email: INFO@CFLOPH.COM

Office Number: (689) 999-4222

Website: CFLOPH.COM

Patient Information:

Patient Name: _____

Patient DOB: _____

Patient Phone #: _____

Patient Gender: _____

Referring Provider Information:

Referring Provider Name: _____

Practice: _____ Practice Phone Number: _____

Appointment Urgency (Please Circle):

Within 24 Hours (please call the office)

2-5 Days

1-2 Weeks

1 Month

No Urgency

Please Circle Type of Consult (If Known):

Cataract Eval

After Cataract/YAG

Uveitis

Pterygium

Diabetic Eye Exam

Infection

Cornea Eval

Glaucoma Eval

Dry Eye

Other/Comments:

Thank you for your referral!

We accept many major insurance plans. We are a new solo and physician-owned start-up practice, and as such we continue to add new insurance plans. We are currently accepting: Aetna, Ambetter Commercial, Ambetter Medicare Advantage, Blue Cross, Cigna (not yet in network with Local Plus), Envolve, Evolutions, Medicare, Multiplan, and we are Tricare Certified. We will verify insurance benefits during scheduling.